



**TAROLLI, SUNDHEIM, COVELL, & TUMMINO L.L.P.**

1111 Leader Building  
526 Superior Ave.  
Cleveland, Ohio 44114

(216) 621-2234

**PATENT**

19270 U.S. PTO  
10/804728



Attorney Docket No. TRW(AP)6702

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**NEW APPLICATION TRANSMITTAL**

Transmitted herewith for filing is the patent application of Inventor(s): **Neal H. Delventhal and Barry J. Maloney**

For (title): **VEHICLE OCCUPANT PROTECTION DEVICE HAVING SHOULDER BELT LOAD LIMITERS AND AN ASSOCIATED METHOD**

**Enclosed are:**

**1. Papers Required for Filing Date Under 37 CFR 1.53(b):**

27 Pages of specification

1 Pages Abstract

7 Pages of claims

3 Sheets of drawing

☒ formal (Figs. - )

☐ informal

In addition to the above papers there is also attached: **Information Disclosure Statement, PTO 1449 form**

**CERTIFICATION UNDER 37 CFR 1.10**

I hereby certify that this New Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service on this date March 19, 2004 in an envelope as "Express Mail Post Office to Addressee" Mailing Label Number ET035756872 addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Deborah Denn  
(Type or print name of person mailing paper)

  
(Signature of person mailing paper)

**BEST AVAILABLE COPY**

2. Declaration or oath:

- ☒ Enclosed (Executed)  
☐ Not Enclosed.

3. Language:

- ☒ English  
☐ Non-English  
☐ A verified English translation of the  
☐ specification and claims  
☐ declaration  
is attached.

4. Assignment:

- ☒ An assignment of the invention to TRW Vehicle Safety Systems Inc.  
☒ is attached.  
☐ will follow

5. Certified Copy:

Certified copy (ies) of application (s)

(Country)	(Appln. No.)	(Filed)
(Country)	(Appln. No.)	(Filed)
(Country)	(Appln. No.)	(Filed)

from which priority is claimed

- ☐ is attached  
☐ will follow

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6. **Fee Calculation:**  
(Small entity filing fee is 50% normal fee)

CLAIMS AS FILED				
Number Filed	Number Extra		Rate	Basic Fee
				\$ 770.00
Total Claims	19	-20 =	X \$ 18.00	-0-
Independent Claims	2	-3 =	X \$ 86.00	-0-
Multiple dependent claim(s), if any			+ \$290.00	

- ☐ Amendment canceling extra claims enclosed
- ☐ Amendment deleting multiple dependencies enclosed
- ☐ Fee for extra claims is not being paid at this time

Filing Fee Calculation **\$770.00**

7. **Small Entity Statement**

- ☐ The present application is being filed by or on behalf of a small entity as defined in 37 CFR 1.9 and 1.27 for purposes of paying reduced fees.

8. **Fee Payment Being Made At This Time:**

Enclosed:

- ☒ basic filing fee **\$770.00**
- ☒ assignment recordal fee **\$40.00**
- ☐ for processing an application with a specification in a non-English language \$ \_\_\_\_\_
- Total fees enclosed **\$810.00**

9. **Method of Payment Fees:**

- ☒ check in the amount of **\$810.00** enclosed.
- ☒ The Commissioner is hereby authorized to charge any DEFICIENCY in the filing fees for this application to our Deposit Account No. 20-0090.

10. **Instructions As to Overpayment:**

- ☒ refund

TAROLLI, SUNDHEIM, COVELL,  
& TUMMINO L.L.P.  
1111 LEADER BUILDING  
526 SUPERIOR AVENUE  
CLEVELAND, OHIO 44114-1400  
Tel. No. (216) 621-2234  
Fax No. (216) 621-4072  
Customer No. 26, 294

  
SIGNATURE OF ATTORNEY, REG. NO. 20,177

THOMAS L. TAROLLI  
Type or print name of attorney

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